

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO
10704109

FILING DATE

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
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TOTAL NO.			2			
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TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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